

**Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information**

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1  Administrative Data	Reporter name:  [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID <i>I-53650556</i>
	Address:  <i>Ontario</i>		Address:	
	Phone #:  [REDACTED]		Phone #:	
	Incident Status:  <i>New</i>	Location and date of incident <i>Ontario</i> <i>08/17/2018</i>	Date registrant became aware of incident: <i>8/17/2018</i>	Was incident part of larger study?
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1)  <i>24359 (PMRA Reg. No.)</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) <i>Glyphosate, isopropylamine salt</i>	A.I. (s)		A.I. (s)
	Product 1 Name  <i>Glyfos Soluble Concentrate</i> <i>Herbicide Canada</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>Unknown</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation	Formulation		Formulation
Row 3  Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <i>Public Area</i>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  <i>See Description Notes</i>	
	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <i>See Incident Description</i>			

**DOCUMENTUM**

Brief description of incident circumstances:

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*8/17/2018 3:10:43 PM Glyphs Soluble Concentrate Herbicide Canada  
PCP 24359*

*Hx: Caller was outside today when a city worker was applying this product. He got sprayed on leg, also breathed in a large amount of vapors. Since then he has developed cough, respiratory and ocular irritation, dermal irritation, and has vomited twice. He reports mild to mod shortness of breath. He has already showered, moved to fresh air, changed clothing, and rinsed eyes for 30 min. How to proceed?*

*A: Discussed that this product can cause ocular, dermal, GI, and respiratory irritation, depending on route of exposure. Systemic toxicity, per se, would not be anticipated. However, due to the amount of his exposure, as well as the persistence and severity of his signs, recommend seeking medical attention at this time. Please CB/have HCP CB if any further information/consult is needed.*

*8/18/2018 2:26:50 PM CB #1.*

*Called back, left message on voice mail asking for return call and follow-up information.*

*8/18/2018 2:34:13 PM Spontaneous CB from [REDACTED]*

*Caller went to the clinic this morning because his eyes were burning and the back of his throat felt inflamed. Last night he also experienced vomiting and diarrhea. The clinic referred him to the ER. There they put dye in his eyes and some other solutions to freeze his eyes to stop the burning. They sent him home because there was nothing else they can do and he has to ride out the symptoms. He still has a sore throat and a bad headache, and is extremely tired and has been lying down since he got home.*

*Caller is ok with an additional follow up in a few days.*

*8/21/2018 1:14:58 PM Called back, left message on voice mail asking for return call and follow-up information.*

*8/21/2018 1:29:59 PM CB to [REDACTED]*

*He's still having the same symptoms, he said he needs to schedule a blood workup and xray with his doctor and they said he basically needs to wait it out because there's nothing they can do.*

*Thanked him for the update.*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Dermal Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects.  <i>Dermal Irritation, 30 min or less;</i> <i>Diarrhea, 24 hrs or less;</i> <i>Vomiting, 60 min or less;</i> <i>Headache, 24 hrs or less;</i> <i>Lethargy, 24 hrs or less;</i> <i>Throat Irritation, 24 hrs or less;</i> <i>Ocular Irritation, 30 min or less;</i> <i>Cough, 30 min or less;</i> <i>Respiratory irritation, 30 min or less;</i> <i>Shortness of breath, 30 min or less;</i>		If lab tests were performed, list test names and results (if available, submit reports).  <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
*I-53650556*